

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

William Escalera Jr.

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

- against -

Dept. of Homeless Services / Samaritan Village  
Men's Shelter / Human Resources Administ  
People of the State of New York.

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: MAY 27 2016

16 cv. 0049 (LAP)  
16 Civ. 0645 (LAP)

NOTICE OF MOTION

RECEIVED

MAY 27 2016

LORETTA A. PRESKA  
CHIEF U.S. DISTRICT JUDGE  
S.D.N.Y.

PLEASE TAKE NOTICE that upon the annexed affirmation of

William Escalera Jr.  
(name)

affirmed on MAY 24, 2016, and upon the exhibits attached thereto (delete if no  
(date)

exhibits), the accompanying Memorandum of Law in support of this motion (delete if there is no

Memorandum of Law), and the pleadings herein, plaintiff/defendant will move this Court, before

Loretta A. Preska, United States District/Magistrate Judge, for an order  
(Judge's name) (circle one)

pursuant to Rule 28 U.S.C. § 1915(b) of the Federal Rules of Civil Procedure granting (state what you want the  
Judge to order):

I have excessively stated what I wish the Honorable Chief  
Judge Loretta A. Preska, United States District to order \$50,000  
for the subject's, stated property, and monetary relief / sustained  
in this entitled action.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: New York, N.Y.  
(city) (state)  
MAY, 2016  
(month) (day) (year)

Signature William Escalera Jr.  
Address 66 H.D.C. 245 ATLANTIC AVENUE  
Telephone Number \_\_\_\_\_  
Fax Number (if you have one) \_\_\_\_\_

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

William Escalera Jr.

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

16 cv. 0049 (LMP)  
16 Civ. 0645 (LMP)

- against -

**AFFIRMATION IN  
SUPPORT OF MOTION**

Dept. of Homeless Services / Samaritan Village  
Med's Shelter / Human Resources Administ  
People of the State of New York

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

RECEIVED  
SDNY PRO SE OFFICE  
2016 MAY 31 PM 12:22

I, William Escalera Jr. affirm under penalty of perjury that:

(name)

1. I, William Escalera Jr. am the plaintiff/defendant in the above entitled action,

(name)

(circle one)

and respectfully move this Court to issue an order relief in this entitled action \$ 50,000  
for pain, suffering, and injury, the Damage, Loss Property and Monetary relief  
(state what you want the Judge to order)

2. The reason why I am entitled to the relief I seek is the following (state all your reasons

using additional paragraphs and sheets of paper as necessary):

I Have stated the relief I seek  
and reasons why on additional sheets of paper, using additional  
paragraphs.

WHEREFORE, I respectfully request that the Court grant this motion, as well as such  
other and further relief as may be just and proper.

I declare under penalty of perjury that the foregoing is true and correct.

Dated:

may 24, 20 16  
(city) (state)  
(month) (day) (year)

Signature

Address

Telephone Number

Fax Number (if you have one)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

William Escudera Jr.

(List the name(s) of the plaintiff(s)/petitioner(s).)

16 cv. 0049 (LAP)

16 Civ. 0645 (LAP)

- against -

**AFFIRMATION OF SERVICE**

Dept. of Homeless Services / Samaritan  
Vulner. Women's Shelter, Homeless Resources  
Ministry, People of the State of New York.

(List the name(s) of the defendant(s)/respondent(s).)

I, (print your name) William Escudera Jr., declare under penalty of perjury that I  
served a copy of the attached (list the names of the documents you served): The OSBONE Association  
Confirmation Letter, Medical records, along with paragraph 11  
Delivered.

upon all other parties in this case by (state how you served the documents, for example, hand delivery,  
mail, overnight express) by mail. to the

following persons (list the names and addresses of the people you served):

Charles Jr. 1 Hobart Place New York 10013, District Attorney, Cyrus L.  
W. Butler (Part 61) 100 Centre Street, New York 10013, Supreme Court, Hon. Bonnie G.  
John P. Buta, 20 Vesey Street, New York 10007, Defense Attorney  
Suite 1200

on (date you served the document(s)) MAY 24, 2016.

Dated

5/24/16.

Signature

Address

City, State

Zip

Telephone Number

E-Mail Address



United States District Court  
Southern District of New York

MAY 23, 2016.

Re: William Escobedo Jr. - Vs. Dept. of Homeless Services / Samaritan Village men's  
Shelter, Human Resources Administ. / People of the State of New York.  
LSD # 511-15, (16-cv-0049-16-cv-0645(LAP), LSD # 100198/16 Claimant #  
2016P1001946

Dear, Clerk of the Court:

I am the petitioner mentioned above in the Entitled action. Currently,  
I am detained at BkHDC located at 245 Atlantic Avenue, Brooklyn New York  
11201. I am personally familiar with the facts and circumstances stated herein  
to the best of my knowledge, information and belief:

(1) I am a Gay, Homosexual, Homeless male who suffers from medical  
and mental health disabilities such as Depression, High blood pressure, Eczema,  
asthma and Seizures. I have been discriminated against by the above mentioned  
parties in this Entitled action, who throughout the years have used their  
job descriptions as a Code of Honor to be biased and Corrupt of Prejudice  
opinions... "Medical Records by Docs are Submitted as of the 13th Day of  
December 2015. Soon after arrest by P.D. # 24560 of the 17th Precinct  
on the 17th Day of December, 2015, which is very much not clear because  
on this same night at Samaritan Village men's Shelter located at 225 E. 53rd  
Street 3rd Avenue New York 10022, I had awakened in New York Presbyterian  
Hospital with wrist handcuffed to bed (Left Hand-Side on the 12th Day of December  
2015. ? I was not processed, finger printed or read my (Miranda) rights at all!!)

because I was back-out ~~undisclosed~~ <sup>undisclosed</sup> and had not been to Supreme Court  
admitted upon DoCC's Manhattan House Detention Center until the 13th  
Day of December, 2015, who reported first to the Sec. on the 11th Day  
of December 2015 at approx 9:00 PM or so thereafter at Samaritan Village  
men's shelter? Was it the police or the ambulance?

(2.) Pursuant to the order issued on the 9th Day of May 2016,  
is it prejudice, Bias, and Discriminative under 28 U.S.C. § 1915 if I  
were to pay the \$400 in relevant fees to commence either action within  
30 days I will still be barred because I am not in imminent danger?  
(Defend this statement) the only relief I will seek from this Court will  
be when death ever takes me. That's when Chapter 4 or 11 deals will  
report that a Gay, Homosexual, Homeless male who sought from the  
authorities by filing grievances under DoCC, being placed in prison because  
he was attacked and beaten by the Homeless Shelter for men Samaritan  
Village whom has constantly been under investigation for the cuttings, stabbings,  
illegal Penalties, abuse, and threats. The illegal distribution of drugs "Narcotics"  
by staff and clients who work or are residents of this facility... was killed because  
the authorities refused to believe his statements. Then it will go on to  
state how my past criminal history may have contributed to some of these  
charges? I read about stories such as this all of the time!!

(3.) "The Fruit of the Poisonous Tree" what I do not understand if my  
alleged allegations are so false why hasn't there been any investigation  
into this horrific charge by going to Samaritan Village men's shelter  
and checking their log books. How I received carefare "metro cards" to  
report to parole Supv. Brooklyn District (aka) an out-patient program under  
Family Services, Palladia, and NYCHS... also to the Family Health Institute  
F. Harkness, 1824 Madison Ave, 119th Street New York 10035. "my primary care  
doctor's office." on the 11th Day of December, 2015 at approx 8:00 AM I received  
metro cards, to report to this address for appt. with therapist.

Where are the audio Video reports? Since the incident occurred in the  
main lobby by Metal detector intake area? Where are the medical  
Reports indicating that I had slashed staff member with razor across  
the arm? When the razor was found not on me but a few feet distance  
away? In February 2016 I submitted a motion to the Court's Supreme,  
and acting defense attorney for investigator to support my allegations?  
There has been none, only those of the Defendants in this matter...

(4.) "The Revolving Doors" if I've been homeless for the past 14 yrs,  
imprisoned for the past 13 yrs, Gay, of Homosexuality phobias, most of my  
life and suffered from mental and medical disabilities how in the hell  
do I find means to have a job, resources to pay for housing without  
being discriminated against. Then I kept being denied for SST/SSI Disability  
funds because I kept returning to DOCCS on parole violations from my  
past felony 1st & 2nd degree Robbery in the Second Degree, P.L.S 160.10(6) Stealing  
with others. I completed parole Supv. on the 13th day of April 2015. After  
being imprisoned for 4 yrs determined term. I sought (sought) New York City  
Housing authority through my medical care provider's office, and sought  
the legal firm of Binder & Binder to advocate, appeal SST/SSI (Disability).  
November 2014, and March, 2015, both are still pending!! Where did the  
Dept. of Homeless Services, (DOCCS) Dept. of Correctional Community Supv. (parole  
Supv. or the mandated programs I attended) Help me in my current situations?  
They didn't because I'm Hispanic, Homeless, Gay, and poor, it landed me right  
back into prison. I was under immediate danger, and serious physical  
injury. I brought this Complaint under the New York City Comptroller,  
Mr. Scott M. Stringer. I have been trying to seek a civil lawyer but  
Have not been successful...

Respectfully signed!  
William Escalera Jr  
(B# 3491514126)  
(NYS# 63342884)



Date: May 23, 2016

Re: William Escalera

**BOARD OF DIRECTORS**

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www.osborneny.org

info@osborneny.org

To whom it may concern:

This letter serves as confirmation for Mr. William Escalera who was referred to the Osborne Association through the New York City Department of Correction - Individualized Corrections Achievement Network (ICAN) program since April 2016. I-CAN is an innovative jail-based community re-entry program focusing on people assessed to be at high risk for re-incarceration. While incarcerated, individuals receive the following services: Creative Writing and Job Readiness Training Workshops, Anger Management and Financial Literacy Groups, Housing and Employment referrals and Weekly Support Groups (upon release).

Mr. William Escalera continues to be an active member and a positive contributor to the ICAN program at Brooklyn Detention Center. He comes prepared to groups and participates frequently. Currently, he is working towards completing various workshops and training such as: MRT Employment, Anger Management, Financial Literacy and Creative Writing. Additionally, he will be registered for the 10- Hour OSHA training and will use this certification to obtain employment upon release. Mr. William Escalera has expressed to me that he is ready for rehabilitation and understands that this can only be achieved through guidance and hard work. If you have any further questions, feel free to contact me at: 175 Remsen Street, 8th Floor, Brooklyn, NY 11201 or call (347) 505-6644.

Sincerely,

Waheeda Sohan, MSW

Senior Re-Entry Specialist

wsohan@osborneny.org

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

William Escalera Jr.

(List the full name(s) of the plaintiff(s)/petitioner(s).)

16cv-0079 (LAP)  
16 CV 0645 (LAP) ( )

-against-

NOTICE OF APPEAL

Dept of Homeless Services, Samaritan Village men's Shelter,  
Human Resources Division, People of the State of New York.

(List the full name(s) of the defendant(s)/respondent(s).)

Notice is hereby given that the following parties:

Dept. of Homeless Services, Samaritan Village  
men's Shelter, Human Resources Division, People of the state of New York.

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the ☒ judgment ☒ order entered on:

May 9, 2016.  
(date that judgment or order was entered on docket)

that: (1st) I am barred due to The 3 Strikes not Submitting Court Filing  
Fees of \$400. and because I am imprisoned

(If the appeal is from an order, provide a brief description above of the decision in the order.)

5/24/16  
Dated

William Escalera Jr  
Signature

Escalera, William Jr.  
Name (Last, First, MI)

Bklyn- 245 Atlantic Avenue, Brooklyn, New York 11201.  
Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

\* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.



Supreme Court  
County of New York  
100 Centre Street  
New York, New York 10013.

May 18, 2016.

Re: William Escapera Jr. Vs. People of The State of New York /  
Samuelson Village men's Shelter LD#5111-13- / LD#100148/16

Dear Court Clerk:

I am the petitioner mentioned in the above entitled action. I am personally familiar with the facts and circumstances stated herein.

I am a prisoner who is being detained at BKHDC located at 245 Atlantic Avenue, New York, NY 11201.

Although I am personally familiar with all of the facts and statements hereinafter stated to the best of my knowledge, information and belief, I am a layperson in the matters of law and seek this Court indulgence for errors, defects, and faults pursuant to CPL Article 20, and under 28 U.S.C. § 1915(g).

1. Accordingly, to the defendants' accusations to this entire action of being intoxicated or under the influence of substance abuse, in paragraph (2) of affirmation in opposition to petition for writ of Habeas Corpus, the petitioner will admit his medical records in accordance of (secs) Dept. of Corr. Community Supv. as of the 13th day of December

2015. No Power after I had been released from New York Presbyterian Hospital "located at 5141 Broadway, New York, 10034 on the 12th day of December 2015, in which I still possess the wrist band indicating of I having been admitted #6030986-416164842 on the 11th night of December 2015. Sooner after of incident at Samaritan Village men's Shelter located at 225 E. 53rd Street 3rd Avenue, New York 10022 at approx. 9:00pm. or so thereafter.

(2) In my Version, you are the defendant's because I am the writer in this Entitled action which makes me the petitioner... In accordance with your affirmation in opposition to petition for writ of Habeas Corpus the respondents have paragraphs 1 through 5 when it should read paragraphs 1 through 6 - where paragraph 2 and 3 reads paragraph (2) twice. "The fruit of the poisonous tree" the defendant's are so, thirsty for a conviction they are not paying attention to their numbering paragraphs, until I receive my medical records from New York Presbyterian Hospital on the 11th and 12th day of December 2015, I will forward my medical records indicating my medical conditions the medications in which I am prescribed, along with my medical care provider address (for verification - 1824 Madison Avenue, New York 10035. "Institute for Family Health, Family Health Center of Harlem.

Respectfully signed!  
William Escobar Jr  
(B: #3491514126)

# NYC HEALTH + HOSPITALS

## ESCALERA, WILLIAM

NYSID: 06334298H BookCase: 3491514126

Facility Code: MDC Housing Area: 78

46 Y old Male, DOB: 04/27/1969

390 W 34TH ST, NY, NY-10001

Home: 333-333-3333

Insurance: Medicaid

Appointment Facility: Manhattan Detention Center

01/04/2016

Appointment Provider: Bessie Flores-Clemente, PA

### Current Medications

Albuterol Sulfate HFA 108 (90 Base)  
MCG/ACT Aerosol Solution 2 puffs as needed  
Every 6 Hours, as needed, stop date  
03/12/2016  
Keppra 500 mg Tablet 2 tabs Twice a Day,  
stop date 01/12/2016  
Hydrochlorothiazide 25 MG Tablet 1 tab  
Daily, stop date 03/12/2016  
DermaVantage 1 Lotion QS Daily, stop date  
01/06/2016  
Hydrocortisone 1 % Cream 1 application to  
affected area Twice a day, stop date  
01/09/2016

### Past Medical History

Chickenpox  
Seizures hx  
Asthma hx  
Eczema hx

### Allergies

N.K.D.A.

### Reason for Appointment

1. Lt-Sided Pain, Eczema Flareup

### History of Present Illness

#### Notes:

Pt c/o lt flank pain X couple weeks, s/p altercation before arrest.  
Also c/o eczema flareup X couple days.

#### VISIT COMPLEXITY SCALE:

#### NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

### Vital Signs

BP		
128/88	01/04/2016 11:25:23 AM	Bessie Flores-Clemente
Pulse		
66	01/04/2016 11:25:23 AM	Bessie Flores-Clemente
RR		
14	01/04/2016 11:25:23 AM	Bessie Flores-Clemente
Temp		
97.0	01/04/2016 11:25:23 AM	Bessie Flores-Clemente
SaO2		
96	01/04/2016 11:25:23 AM	Bessie Flores-Clemente

### Examination

#### General Examination:

GENERAL APPEARANCE: well-appearing, well-developed, no acute distress.

HEENT: nose - clear, pharynx - clear.

HEART: normal S1S2.

Patient: ESCALERA, WILLIAM DOB: 04/27/1969 Progress Note: Bessie Flores-Clemente, PA 01/04/2016  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



CHEST: no ecchymosis/swelling/tenderness.  
LUNGS: clear to auscultation bilaterally, no wheezes/rhonchi/rales.  
SKIN: +scaling to forehead, hyperpigmented patch to rt cubital fossae area.

**Assessments**

1. DERMATITIS NOS - 692.9 (Primary)
2. MUSCULOSKEL ANOM NEC/NOS - 756.9

**Treatment****1. DERMATITIS NOS**

Stop Hydrocortisone Cream, 1 %, 1 application to affected area, Externally, Twice a day, 10 days, Pharmacy  
Start Fluocinonide Ointment, 0.05 %, QS, Topical, Twice a Day, 14 days, Pharmacy  
Pt ed done. Fluocinonide Oint X 14d.

**2. MUSCULOSKEL ANOM NEC/NOS**

Start Naprosyn Tablet, 250 MG, 500 mg, Orally, Twice a Day, as needed, 4 days, Pharmacy  
Pt ed done. Naprosyn X 4d.

**3. Others**

eCW indicated pt has 01/14/2016 Medical FU, Re: Asthma, HTN, Sz Ds.

**Follow Up**

prn (Reason: SCT)

Disposition: General Population

**Appointment Provider: Bessie Flores-Clemente, PA**



**Electronically signed by Bessie Flores-Clemente PA on  
01/04/2016 at 11:32 AM EST**

**Sign off status: Completed**

# NYC HEALTH + HOSPITALS

## ESCALERA, WILLIAM

NYSID: 06334298H BookCase: 3491514126  
Facility Code: MDC Housing Area: RR  
46 Y old Male, DOB: 04/27/1969  
390 W 34TH ST, NY, NY-10001  
Home: 333-333-3333

Insurance: Medicaid

Appointment Facility: Manhattan Detention Center

12/13/2015

Appointment Provider: Mauricio Silva, MD

### Current Medications

None

### Past Medical History

Chickenpox  
Hypertension  
Seizures

### Social History

#### General:

Alcohol Hx  
current alcohol use *No*

#### Intake social history:

#### Drug use

currently using drugs *No*  
ever used drugs *No*  
currently in methadone program *No*  
Ever accidentally overdosed *No*  
Ever used a needle to inject drugs *No*

#### Smoking

are you a smoker *current*  
how much do you smoke *< half a pack a day*

do you want to quit *No*

#### Alcohol

do you drink *No*  
(specify) *occasional*

#### Violence

ever hit or assaulted anyone *Yes*  
ever been charged with sexual offense *No*  
ever been assaulted *Yes*  
ever been a victim of sexual abuse *No*

#### Education

grade level completed *high school*  
learning disability *No*  
were you in special education *No*

#### Sexual history

sexually active with *neither*  
current number of sexual partners *0*  
do you and your partner use condoms *No*

### Allergies

N.K.D.A.

### Reason for Appointment

1. Intake, male

### History of Present Illness

#### Asthma:

Intake hx done by AO, RN. Dental hygiene, TCNY and MPI brochures given to patient with instructions. RHIO and PSYCHES consents obtained.

Kepra 500mg 2 tabs po, Tylenol 2 tab po given. H. Kapadia RN.

#### New Intake:

#### Medical History

Current medical provider *hospital clinic*  
Name/address of medical provider *Dr. Lucas, Family Health Institute, 119 Madison Ave*  
when last seen by medical provider *< week ago*  
disabilities *No*  
chickenpox *yes*  
STD *No*  
hypertension *Yes*  
year diagnosed *2014*  
heart disease *No*  
diabetes *No*  
seizures *Yes*  
date diagnosed *1985*  
related to *don't know*  
date last seizure *1-6 months ago*  
Liver disease *No*  
kidney disease *No*  
cancer *No*

#### Asthma History

asthma *Yes*  
date diagnosed *1974*  
ever hospitalized *No*  
ER visits in the last year *No*  
needed steroids in last year *No*  
best peak flow *don't know*  
how often use rescue inhaler *couple of times a month*

#### TB History

Have you ever had active TB *no*  
History of positive Tuberculin Skin Test *No*

Patient: ESCALERA, WILLIAM DOB: 04/27/1969 Progress Note: Mauricio Silva, MD 12/13/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

TB symptoms *None*  
Recent exposure to TB *no*  
No history of TB or LTBI *Asymptomatic*  
HIV History  
HIV/AIDS *no*  
have you ever been tested for HIV *Yes*  
date last tested *11/2015*  
result of last test *negative*  
do you want to have HIV test today *no*  
do you want to be scheduled for HIV test *no*  
reason for declining test *had recent test*  
Mental Health History  
Mental health or Nervous problems *Yes*  
What type *Depression, Anxiety*  
Required hospitalization *No*  
in treatment *No*  
Ever tried to hurt or kill yourself *no*  
family history of mental illness *No*  
family history of suicide *No*  
Trouble falling or staying asleep *No*  
Changes in appetite or eating habits *No*  
You feel hopeless or worthless *No*  
Little interest or pleasure in doing things *No*

**TEMPLATES:**

New Admission MDC/VCBC/RNDC/OBCC/EMTC  
**Ebola Virus Disease (EVD) Screening:**  
Ebola Virus Disease (EVD) Screening  
Travel to a country with widespread EVD transmission (Guinea, Sierra Leone) in the last 21 days? *No /*  
Exposure to known or suspected Ebola patient in the last 21 days?  
*No /*

**COMMUNITY MEDICATION FILL HISTORY:**

Did you check Community Medication Fill Database?  
Did you check Community Medication Fill Database? *Yes /*  
Community Medication Fill History Results (Copy/Paste from Database) /HYDROCORTISONE VAL, 60 0.2% CREAM 60GM -  
00713066860 6/28/2015  
LEVETIRACETAM, 30 500MG TABLETS - 68180011302  
6/28/2015  
PROAIR INH (200 PUFFS)8.5GM DOS CTR, 8.5 - 59310057922  
6/28/2015  
IBUPROFEN, 90 800MG TABLETS - 65162110305 2/8/2015  
HYDROCORTISONE VAL, 60 0.2% CREAM 60GM -  
00713066860 6/28/2015  
LEVETIRACETAM, 30 500MG TABLETS - 68180011302  
6/28/2015  
PROAIR INH (200 PUFFS)8.5GM DOS CTR, 8.5 - 59310057922  
6/28/2015  
IBUPROFEN, 90 800MG TABLETS - 65162110305 2/8/2015  
  
What medication are you currently taking? (As reported by patient) KEPRA 1000 mg po bid



ALBUTEROL MDI  
hydrochlorothiazide 25 mg  
anxiolytic  
Hydrocortizone.

**330 Suicide Prevention Form:**

330 Suicide Prevention Form

330 Suicide Prevention Form present? **Yes**330 Suicide Prevention Form reviewed by intake clinician? **Yes****Asthma Teaching:**

overexertion Dust, Pollen, Smoke, Stress &amp; Anxiety.

Medication compliance using albuterol daily.

Asthma control Asymptomatic.

Inhaler technique good technique.

Educated on: Components of asthma- inflammatory and  
bronchospasm, Avoidance of triggers, Inhaler/Discus use, Controller  
medication use, Rescue Medication use, Signs and symptoms of acute  
attack, How to access clinic.

Asthma Action Plan Action plan reviewed.

**VISIT COMPLEXITY SCALE:****INTAKE ACUITY**

Intake Acuity Scale 4: *More than 3 chronic conditions or a  
problem requiring hospital transfer*

**Vital Signs**

<b>Ht</b>		
5 ft 7 in	12/13/2015 11:29:03 PM	Shelly Williams
<b>Wt</b>		
175	12/13/2015 11:29:03 PM	Shelly Williams
<b>BMI</b>		
27.41	12/13/2015 11:29:03 PM	Shelly Williams
<b>BP</b>		
133/90	12/13/2015 11:29:03 PM	Shelly Williams
<b>Pulse</b>		
70	12/13/2015 11:29:03 PM	Shelly Williams
<b>RR</b>		
14	12/13/2015 11:29:03 PM	Shelly Williams
<b>Temp</b>		
97.4	12/13/2015 11:29:03 PM	Shelly Williams
<b>Peak Flow</b>		
350	12/13/2015 11:29:03 PM	Shelly Williams

Patient: ESCALERA, WILLIAM DOB: 04/27/1969 Progress Note: Mauricio Silva, MD 12/13/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

SaO2

99

12/13/2015 11:29:03  
PM

Shelly Williams

**Past Orders**EKG (DI) (Order Date - 12/13/2015)

Result: Refused

Notes: Ojurongbe, Abimbola, RN 12/13/2015

11:27:38 PM > Patient is alert and oriented x3,  
not in acute distress. Patient denies chest pain, no  
SOB noted. Patient refused 12 Lead EKG, signed  
the refusal form. A. Ojurongbe, RN

Rapid HIV Test (Order Date - 12/13/2015)

Result: Refused

Rapid HIV Test

REFUSED

Notes: Williams, Shelly, PCA 12/13/2015

11:29:01 PM &gt; REFUSED

Urine Drug Screen (Order Date - 12/13/2015)(Collection Date - 12/13/2015)

Result: Normal/Negative/Non-Reactive

Cocaine NEG

Meth NEG

Opiates NEG

Benzos NEG

Notes: Jacob, Lena, PCA 12/13/2015 11:50:54

PM &gt; ,

**Physical Examination**General Appearance:

General Appearance: Normal.

Hygiene: /.

Ill-appearance: /.

Speech: /.

Eye contact: /.

Build: /.

BACK:

General: Normal.

Spine: /.

ROM: /.

HEENT:

Head: normocephalic, atraumatic.

General Normal.

Eyes: PERRLA, EOMI, no nystagmus, non-icteric sclera,  
conjunctiva clear.

Fundi: normal.

Ears: normal, tympanic membranes intact bilaterally, ear canals  
unremarkable, external ear unremarkable, no gross hearing deficits.

Nose: /, normal mucosa, no deviation, clear discharge.

Throat: no erythema or exudate.

Oral cavity: no lesions seen (Left upper lip with simple suture.)

NECK:

General: normal.

Cervical lymph nodes: /.

Patient: ESCALERA, WILLIAM DOB: 04/27/1969 Progress Note: Mauricio Silva, MD 12/13/2015

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Thyroid: /.

CHEST:

Shape and expansion: /.

General normal.

DERMATOLOGY:

Skin: /.

Rash: /.

Tattoos: /.

General Normal.

BREASTS:

General \_\_\_\_\_.

LUNGS:

Auscultation: /.

General Normal.

Airflow: /.

Rate: /.

Percussion: /.

Effort: /.

HEART:

Rate: /.

General Normal.

Rhythm: /.

Heart sounds: /.

Murmurs: /.

PMI: /.

ABDOMEN:

General soft, nontender, BS +,.

Auscultation: /.

Palpation /.

Hernia: /.

RECTUM/ANUS:

Digital Rectal Exam /, Not Indicated.

General \_\_\_\_\_.

Hemorrhoids: /.

Hemoccult: /.

GU - MALE:

General Normal.

External genitals: /.

Penis: /.

Scrotum: /.

Testicles: /.

Prostate: /.

EXTREMITIES:

General: Normal.

LYMPHATICS:

Lymph Nodes /.

General Normal.

Lymphedema: /.

NEUROLOGICAL:

General: Normal.

Cranial Nerves: /.

Motor: /.

Sensory: /.



Reflexes: /.  
Plantars: /.  
Cerebellar: /.  
Gait: /.  
Cognition: /.  
Involuntary Movements: /.  
Speech: /.  
Muscle Bulk: /.  
Tone: /.

**MENTAL STATUS EXAM:**

Orientation oriented to person, place and time.  
General Normal.  
Speech normal.  
Affect appropriate to mood.  
Mood euthymic.  
Psychomotor normal.  
Thought Process logical.  
Delusions denied.  
Hallucinations denied.  
Suicidal ideation denied.  
Homicidal ideation denied.

**Assessments**

1. ROUTINE MEDICAL EXAM - V70.0 (Primary)
2. Atopic eczema - 691.8
3. Tobacco use disorder - 305.1
4. Screening for other and unspecified cardiovascular conditions - V81.2
5. EPILEPSY-UNSPECIFIED - 649.40
6. ASTHMA NOS - 493.90, Well controlled
7. Hypertension - 997.91, Well controlled.
8. Anxiety state, unspecified - 300.00

**Treatment****1. ROUTINE MEDICAL EXAM**

LAB: Rapid HIV Test

LAB: RPR SEROLOGY

LAB: QUANTIFERON-TB IN-TUBE NY

LAB: Urine Drug Screen

LAB: HEPATITIS C ANTIBODY, EIA

LAB: CHLAMYDIA /GC, URINE

Urine drug screen: Negative

Normal exam.

Referral To: Mental Health MDC Mental health

Reason: Patient with HX of depression and anxiety. Reports taking and unknown anxiolytic. Kindly evaluate. Thank you.

**2. Atopic eczema**

Will observe as patient request ointment for hydrocortisone but it is no longer available.

**3. Tobacco use disorder**

Advised to stop.

**4. Screening for other and unspecified cardiovascular conditions**

Diagnostic Imaging: EKG (DI)

**5. EPILEPSY-UNSPECIFIED**

Start Keppra Tablet, 500 mg, 2 tabs, Orally, Twice a Day, 30 days, Pharmacy

Start Keppra Tablet, 500 mg, 2 tabs, Orally, Stat, 0 days, RN-DOT

LAB: CBC w DIFF & PLATELETS**6. ASTHMA NOS**

Start Albuterol Sulfate HFA Aerosol Solution, 108 (90 Base)

MCG/ACT, 2 puffs as needed, Inhalation, Every 6 Hours, as needed, 90 days, Pharmacy

Well controlled on Albuterol.

Follow-up in 4 weeks.

**7. Hypertension**

Start Hydrochlorothiazide Tablet, 25 MG, 1 tab, Orally, Daily, 90 days, Pharmacy

Start Hydrochlorothiazide Tablet, 25 MG, 1 tab, Orally, Stat, 0 days, RN-DOT

LAB: CHEM 7 PANELLAB: LIVER PROFILELAB: LIPID SCREEN (CORONARY RISK I)

Well controlled.

Will continue HCTZ 25 mg po daily

Refused EKG.

**8. Others**

Start Tylenol Tablet, 325 MG, 2 tabs, Orally, Stat, 0 days, RN-DOT

**Immunization**

Hepatitis B (20 and more) - Refused : 1.0

Influenza - Refused

**Preventive Medicine**

Counseling:

Smoking .

Diet .

Exercise .

Injury prevention .

Sexual practices .

**Procedure Codes**

Hepatitis B (20 and more) - Refused

90746 HEP B VACCINE, ADULT, IM

Influenza - Refused

Disposition: General Population

**Appointment Provider: Mauricio Silva, MD**



**Electronically signed by Mauricio Silva , MD on 12/14/2015 at 05:21 AM EST**

**Sign off status: Completed**

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**Manhattan Detention Center  
125 White Street  
New York, NY 10013  
Tel:  
Fax:**

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**Patient: ESCALERA, WILLIAM DOB: 04/27/1969 Progress Note: Mauricio Silva, MD 12/13/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

Enckin in (B: C# 3491514126)  
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(Legal Mail P.R.)



SDNY PRO SE OFFICE  
2016 MAY 31 PM 12:22

Loretta K. Preska, Chief United States District Judge.  
Southern District of New York  
500 Pearl Street  
New York, New York 10007

USM<sub>P3</sub>  
SDNY